PTO/SB06 (06-03)
Approved for one through 7/31/2006, Okis 0631-0022
U.S. Patient and Tradement Office; U.S. GEPARTNENT OF COMMERCE

			1993, 62	bearens sus usd	e commercion (13 Le	CALIFORNIA CALIFO	es a curbn	Ma s Assq ONB	CONTROL MUNDAL		
PATENT APPLICATION FEE DETERMINATION RECORD								Application or Docket Number			
Substitute for Form PTO-875									עין	X33 8	6.5
CLAIMS AS FILED - PART I OTHER THAN											
(Column 1) (Column 2)							SMALL ENTITY		OR	SMALL ENTITY	
					1			T	1		
FOR BASIC FEE	NUMBER FRED		MANAG	MUMBER EXTRA		RATE	FEE	1	RATE	FEE	
O7 CFR 1.16(a))	1				ı	i	١.	OR			
TOTAL CLAME								T			
(07 CFR 1.16(c)) .		minus 20 o		· · ·	· ·		<u> </u>	<u> </u>	OR	X\$*	
67 CFR 1.15(0))		ednes 3 =			•		x	1	OR	xs_ =	i i
						1					
MULTIPLE DEPENDENT GLASS PRESENT (37 CFR 1.16(6))							<u> </u>		OR	+\$	
* If the difference in column 1 is less than zero, eater 10° in column 2.							TOTAL		OR	TOTAL	
								·	,		
CLAIMS AS AMENDED - PART II											
( TO UT (Column 2) (Column 3)									<b>O</b> R	OTHER	R THAN
	(4)	Zeluma 1)		(Caturan 2)	(Cotume 1)		ZWALL (	YIIIY	. •	SMALL	EVITTY
`∢		CLARIS EMAINING		HIGHEST MAJEER	PRESENT		RATE	ADD1-		RATE	ADOI:
, <b>5</b>	- 1	AFTER		PREVIOUSLY	EXTRA	1		TIONAL	' '	, MIE -	TIONAL
Fotel	<del>  ^^</del>	ENOMENT	Since.	PAID FOR	/			FEE			FEE
O COR LIME		الم		24	' /		x8/5.	•	OR	x = 20	,
Total  Total  Grant suspendent  Grant suspendent		9	Minus	-12	:/		× = 1079		OR	x = LOG	Ì
FIRST PRESENTATION OF MATPLE OFFEIGHT CLAIM (2) OFF 1.10(4)							700		CR	+	
						•	TOTAL			TOTAL	
0.00							ADD'L FEE		QR	ADD'L FEE	
8 5 0 (Column 1) (Column 2) (Column 3)											
<b>m</b>	T	CLASMS		HIGHEST							
	R	EMANING		NUMBER PREVIOUSLY	PRESENT	H	RATE	ADOL		RATE	400A
2	1	AFTER ENDMENT	:	PAD FOR	E	li		TIONAL FEE		•	FEE
Total	1.	12	<b>Linus</b>	-20	. 0	Н	25.		OR	m	
Total programme	1.	9	Minus	"12	• 6		ina		OR.	1202)	1. 1
- 7 S	<u> </u>			120			7/-4-7		٠.	~ 40/1/0	
FIRST FRESENTATION OF MILITIPLE DEPENDENT GLAIM (37 CFR 1.18(4))						Н	+5 -		OR	+3	
-101-							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	1
51241	M								_,-,-		
(Column 2) (Column 3)											
0 10		CLAIMS EMAINING		HIGHEST MUMBER	PRESENT	1	RATE	ADDL		RATE	ADDL
티UNZ	, I	AFTER		PREVIOUSLY	EXTRA		<b>.</b> .	TIONAL			TIONAL
<u> </u>	<b>- ^</b>	ENDMENT	When	PAIDEOR		1	72	FEE			FEE
S Long	$\perp$	130	Mires	AU			x = (X) -		OR	x : 5/2.	
Care in the Care i	1.	70	Minus	<b>一</b> 以			**/Al		OR	200	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (D7 CPR 1.15(d)							70		OR		
						•	TOTAL			TOTAL	
			<b>.</b>			_	ADDIL FEE		OR	ADD'L FEE	
"I Streetly in column 5 is less than the ority in column 2, wide 20, in column 3. In column 2 in the Trightest House Previously Parts For Bit THIS SPACE is less than 20, enter 700.											

"" If the "Highest Number Previously Paid For" It THIS SPACE is less than 3, eithr "7.

The "Highest Number Previously Paid For" (Total or businessism) is the highest number found in the appropriate book in column 1.

This coloration of information is required by 37 CFR 1,18. The information is required to other or writen a personal by the public which is to the found by the united or writen as estimated to late 12 minutes to complete, including gathering, preparing, and numbering the computed application form to the USPTO. Then will vary departing upon the individual case. Any comments on the ement of time year require to complete this form surface surgices than 1 medium the control of time year require to complete this form surface surgicestions for moduring this burden, which be sent to the Chief information Officer, U.S. Peters' and Tradenark Office, U.S. Department of Commission, P.O. Star 1450, Abstraction, VA 22313-1450, DO ROT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Sent 1450, Abstraction, VA 22313-1450.

If you need assistance in completing the form, and 1-500-PTO-8199 and salud appear  $\lambda$ 

est avoitie con